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BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

JONATHAN J. GOODMAN, M.D.

Holder of License No. 33921 For the Practice of Allopathic Medicine In the State of Arizona Case No. MD-07-0706A

CONSENT AGREEMENT FOR LETTER OF REPRIMAND

CONSENT AGREEMENT

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Jonathan J. Goodman, M.D. ("Respondent"), the parties agreed to the following disposition of this matter.

- Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement").
 Respondent acknowledges that he has the right to consult with legal counsel regarding this matter.
- 2. By entering into this Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.
- This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.
- 4. The Board may adopt this Consent Agreement or any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.
- 5. This Consent Agreement does not constitute a dismissal or resolution of other matters currently pending before the Board, if any, and does not constitute any waiver,

express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding. The acceptance of this Consent Agreement does not preclude any other agency, subdivision or officer of this State from instituting other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

- 6. All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.
- 7. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the acceptance of the Consent Agreement. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.
- 8. If the Board does not adopt this Consent Agreement, Respondent will not assert as a defense that the Board's consideration of this Consent Agreement constitutes bias, prejudice, prejudgment or other similar defense.
- 9. This Consent Agreement, once approved and signed, is a public record that will be publicly disseminated as a formal action of the Board and will be reported to the National Practitioner Data Bank and to the Arizona Medical Board's website.
- 10. If any part of the Consent Agreement is later declared void or otherwise unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force and effect.

11. Any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter") and 32-1451.

JONATHAN J. I GOODMAN, M.D.

DATED

FINDINGS OF FACT

- The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.
- Respondent is the holder of license number 33921 for the practice of allopathic medicine in the State of Arizona.
- The Board initiated case number MD-07-0706A after receiving a complaint regarding Respondent's care and treatment of a twenty-nine year-old female patient ("AT").
- 4. On May 4, 2006, AT was admitted to the hospital with abdominal pain, jaundice, dark urine, chills and a bilirubin of 14.5. AT was in her first trimester of pregnancy. An ultrasound demonstrated a dilated common bile duct at 1.6 cm with noted dilated intrahepatic ducts. AT underwent an Endoscopic Retrograde Cholangiopancreatography with endoscopic sphincterotomy performed by another physician. AT improved and was discharged on May 6, 2006.
- 5. On May 7, 2006, AT returned to the hospital with pain, vomiting, jaundice, a bilirubin of 14.4, and a white blood count of 5.3. A repeat ultrasound revealed dilated common and intrahepatic ducts with cholelithiasis and a slightly thickened gallbladder wall. Respondent performed a laparoscopic cholecystectomy with laparoscopic common bile duct exploration. AT's bilirubin declined to 9.3 on May 10, 2006, and she was discharged the next day.
- 6. AT's common duct remained obstructed resulting in high T-tube output and persistent acholic stools. On August 21, 2006, Respondent performed a second trimester common duct exploration. The operative report indicated that Respondent made a 1 cm supraumbilical 1cm incision and used a blind approach to insert a Veress needle to establish a minimal pneumoperitoneum. Respondent then inserted an 11mm trocar and

followed with a 10mm scope into the uterine cavity, again using a blind approach. However, the amnion was unruptured by the trocar entry. Respondent removed the cannula and Respondent converted to an open operation. Respondent identified a 1cm puncture on the anterior surface of the uterus and closed it with a chromic suture.

- 7. Post-surgery, AT developed consumptive coagulopathy associated with subchorionic hemorrhage, shortness of breath, and an acute surgical abdomen. On August 26, 2006, AT underwent abdominal exploration with a cesarean section and evacuation of uterine contents by the obstetrical service. AT's hypoxia and coagulopathy resolved and she was subsequently discharged.
- 8. The standard of care for performing a common duct exploration on a patient who is twenty-one weeks pregnant and who had a previous laparoscopic cholecystectomy requires a surgeon to either utilize an open cannulation technique if the common duct exploration is performed laparoscopically, or perform the procedure in an open fashion.
- 9. Respondent deviated from the standard of care because he did not utilize an open technique or perform the laparoscopic common duct exploration in an open fashion on AT who was twenty-one weeks pregnant and who had a previous laparoscopic cholecystectomy. Respondent used a blind Veress needle insufflation technique and blind supraumbilical trocar puncture for attempted laparoscopic common duct exploration.
- 10. AT suffered a puncture of the uterus leading to separation of membranes, placental abruption or equivalent, maternal consumptive coagulopathy and respiratory stress, and fetal demise.

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CONCLUSIONS OF LAW

- 1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.
- 2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

ORDER

IT IS HEREBY ORDERED THAT:

- 1. Respondent is issued a Letter of Reprimand for using a blind Veress needle insufflation technique and blind supraumbilical trocar puncture for attempted laparoscopic common bile duct exploration in a patient twenty-one weeks pregnant.
 - 2. This Order is the final disposition of case number MD-07-0706A.

DATED AND EFFECTIVE this

2008.

ARIZONA MEDICAL BOARD

Lisa S. Wvnn **Executive Director**

mannanii N ORIGINAL of the foregoing filed

Arizona Medical Board

9545 E. Doubletree Ranch Road

Scottsdale, AZ 85258

EXECUTED COPY of the foregoing mailed

Bruce D. Crawford

Crawford & Kline, P.L.C.

1920 East Southern Avenue, Suite 101

Tempe, Arizona 85282-7537

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EXECUTED COPY of the foregoing mailed this day of day., 2008 to:

Jonathan J. Goodman, M.D.

Address of Record

Investigational Review